

DECLARATION FOR UTILITY OR DESIGN  
PATENT APPLICATION (37 CFR 1.63)

X Decl. Sub.  
w/Initial  
Filing            Decl. Sub.  
                  after Initial  
                  Filing (surcharge  
                  (37 CFR 1.15 (e))

Attorney Docket No.: 2132.038  
Inventor Name: Jackowski et al  
COMPLETE IF KNOWN  
Application No:  
Filing Date:  
Group Art Unit:  
Examiner Name:

As a below named inventor, I hereby declare that:

My residence, post office addr., and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**BIPOLAR MARKER INDICATIVE OF DISEASE STATE HAVING A  
MOLECULAR WEIGHT OF 1525 DALTONS**

the specification which  
\_\_\_\_ is attached hereto OR  
\_\_\_\_ was filed on \_\_\_\_\_ As United States Application No. or PCT Int'l.  
Appln. No. \_\_\_\_\_ and was amended on \_\_\_\_\_ (if  
applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN COUNTRY: FOREIGN FILING PRIORITY CERTIFIED COPY  
NUMBERS: DATE: NOT CLAIMED: Yes No

Additional foreign appln. nos. are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

**APPLICATION NUMBER(s) :** **FILING DATE :** **SEARCHED** **SEARCHED** **INDEXED** **INDEXED** **FILED** **FILED**

— Addnl. provisional appln.  
Nos. are listed on a  
Supplementary priority data  
Sheet PTO/SB/02B attached.

## DECLARATION - UTILITY or DESIGN PATENT APPLICATION

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. PARENT APPLICATION  
or PCT NUMBER:

PARENT FILING DATE:

PARENT PATENT NO:  
(if applicable)

Additional U.S. or PCT international appln.nos. are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:  Customer No: 21917 PLACE CUSTOMER No.  
BAR CODE LABEL HERE

OR

Registered practitioner(s) name/registration no. listed below.

NAME:	REGISTRATION NO:	NAME:	REGISTRATION NO:
Michael A. Slavin	34,016	Joe Beckman	45,529
Ferris H. Lander	43,377		
C. Fred Rosenbaum	27,110		

DIRECT ALL CORRESPONDENCE TO: Customer Number OR  
Or Bar Code Label Correspondence address below

NAME:	McHale & Slavin, P.A.
ADDRESS:	4440 PGA Blvd.,
ADDRESS:	Suite 402
CITY:	Palm Beach Gardens
COUNTRY:	U.S.
STATE:	FL
TELEPHONE:	(561) 625-6575
ZIP:	33410
	FAX: (561) 625-6572

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 17 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A Petition has been filed for this unsigned inv.  
GIVEN NAME (first and middle [if any]): FAMILY NAME OR SURNAME:

George	Jackowski
Inventor's signature:	Date:
Residence: <u>11725 Keele Street R1</u>	
City: <u>Kettleby</u> State: <u>ONTARIO</u> L0G 1J0 Country: <u>CANADA</u> Citizenship: <u>Canadian</u>	
Post Office Address: <u>11715 Keele St., R1, Kettleby, Ontario L0G 1J0, CANADA</u>	
Additional inventors are being named on the <u>Supplemental additional inventor(s)</u> Page 2 of 3) sheet(s) PTO/SB/02A attached hereto.	

**NAME OF SECOND INVENTOR:** \_\_\_\_\_ A Petition has been filed for this unsigned inv.  
**GIVEN NAME (first and middle [if any]):** \_\_\_\_\_ **FAMILY NAME OR SURNAME:** \_\_\_\_\_

Brad \_\_\_\_\_ Thatcher, PhD

Inventor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residence: 12 Beaverdale Road,  
City: Toronto State: ONTARIO M8Y 3Y4 Country: CANADA Citizenship: Canadian  
Post Office Address: 12 Beaverdale Road, Toronto Ontario M8Y 3Y4, CANADA

NAME OF THIRD INVENTOR: \_\_\_\_\_ A Petition has been filed for this unsigned inv.  
GIVEN NAME (first and middle [if any]): \_\_\_\_\_ FAMILY NAME OR SURNAME: \_\_\_\_\_

GIVEN NAME (first and middle if any): FAMILY NAME OR SURNAME:

Tammy Vrees, BSC

Inventor's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Residence: 215 Bronte Road  
City: Oakville State: ONTARIO L6L 3C5 Country: CANADA Citizenship: Canadian  
Post Office Address: 215 Bronte Road, Oakville Ontario L6L 3C5, CANADA

NAME OF FOURTH INVENTOR: \_\_\_\_\_ A Petition has been filed for this unsigned inv.  
GIVEN NAME (first and middle [if any]): \_\_\_\_\_ FAMILY NAME OR SURNAME: \_\_\_\_\_

GIVEN NAME (first and middle if any): FAMILY NAME OR SURNAME:

Jason Yantra, BSC

Inventor's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Residence: 44 St. Joseph Street, Apt. 2102  
City: Toronto State: ONTARIO M4Y 2W4 Country: CANADA Citizenship: Canadian  
Post Office Address: 44 St. Joseph Street, Apt. 2102 Ontario M4Y 2W4, CANADA

NAME OF FIFTH INVENTOR: \_\_\_\_\_ A Petition has been filed for this unsigned inv.  
GIVEN NAME (first and middle [if any]): \_\_\_\_\_ FAMILY NAME OR SURNAME: \_\_\_\_\_

GIVEN NAME (first and middle (if any)): FAMILY NAME OR SURNAME:

John Marshall, PhD

Inventor's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Residence: 95 Parkside Drive  
City: Toronto State: ONTARIO M6R 2V3 Country: CANADA Citizenship: Canadian  
Post Office Address: 95 Parkside Drive, Toronto Ontario M6R 2V3, CANADA